Statement III

Rail-based Mass Transit Projects recommended by the Sub-Croup on Urban Transport for inclusion in the 9th Five Year Plan

(Rs, in Crores)

Sl. No	Name of City	Projct cost	Central share	Remarks
1.	BOMBAY			
	BUTP II Project	2800	467	Balance cost to be met by
	New Bombay Projects	280	93	the concerned State/U.T.
	Bombay-Projects	920	46	Governments and through loans.
2.	DELHI			
	MRTS (Modified 1st Phase—55.3 Kms)	6300	525	
3.	CALCUTTA			
	Tollyganj-Garia Metro Extn, Circular Railway (Dum Dum to Princep Ghat—21.5 Kms.)	744	186	
4.	CHENNAI			
	(Metro extn. from Luz to Velacherry—8.55 Kms.)	365	122	
5.	BANGALORE			
	LRT System—90d Km (BOOT)	4200	67	
6.	HYDERABAD			
	LRT System—23 Km. (BOOT)	780	22	
7.	JAIPUR			
	LRT System—12 (1st Phase)	210	18	
8.	Mass Transit Systems for Ahmedabad, Pune & Kanpur/Lucknow.	N.A.	30	(Token provision)

मध्य प्रदेश राज्य सिविल सेवा संवर्ग की पद्धति सूची में परिवर्तन

*130. **श्री राघवजी** : क्या प्रधान मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या यह सच है कि मध्य प्रदेश सरकार ने राज्य सिविल सेवा संवर्ग के अधिकारियों की आई.ए.एस. के लिए पदोन्नति सूची में भारी परिवर्तन किए हैं जिसे दिल्ली से उसके अनुमोदन हेतु भोपाल भेजा गया था, यदि हां, तो उसके क्या कारण है,

(ख) क्या यह भी सच है कि राज्य सरकार ने अनुसूचित जनजाति के अधिकारियों के नाम पदोन्नति सूची में हटा दिए हैऔर यदि हां, तो उसके क्या कारण है ,

(ग) क्या राज्य सरकार ने वरिडता को भी नज़र अंदाज किया है, यदि हां तो उसके क्या कारण है, और

(घ) कितने अधिकारियों का अभिक्रमण कर दिया गया है और इसके क्या कारण है?

नागर विमानन मंत्रालय में राज्य मंत्री तथा संसदीय कार्य मंत्रालय में राज्य मंत्री (श्रीमती जयन्ती नटराज़न) : (क) से (ग) जीं, नहीं।

(ख) उनतीस। इन अधिकारियों का अधिक्रमण, चयन-समिति द्वारा विचारण-क्षेत्र में आए सभी अधि-

कारियों के सेवा अभिलेखों का तुलनात्मक रूप से समग्र मूल्यांकन किए जाने पर, इनका तुलनात्मक रूप से निम्नतर क्रम-निर्धारण /मूल्यांकन होने और प्रवर-सूची के आकार की सर्वाधिक-सीमा के कारण हुआ है ।

Patients in Tamil Nadu

*131. SHRI N. THALAVAI SUNDARAM: Will the PRIME MINISTER be pleased to state:

(a) the number of people suffering from T.B. in the rural as well as urban areas of Tamil Nadu;

(b) whether the Central and State Government propose to launch a programme in 1997-98 to protect the State from T.B.; and

(c) whether any amount has been allo cated to the State in this regard during current financial year?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) It is estimated that about 8.27 lakhs people are suffering from TB in Tamil Nadu.

The reports of case detection arc submitted by the District TB Centres which cover both urban and rural population. Ratio of distribution of cases is almost the same both in urban and rural areas of Tamil Nadu.

(b) The National Tuberculosis Control Programme was implemented in all the States including the State of Tamil Nadu from 1962. Free of cost diagnostic and treatment facilities (including free supply of anti-TB drugs) are provided to the TB patients. Out of 23 districts of the State of Tamil Nadu, District TB Centres are functioning in 19 districts. In 17 districts Short Course Chemotherapy (SCC) has been introduced since 1983.

Revised National Tuberculosis Control Programme Phase-Ill was launched on 26th March, 1997 and is proposed to be implemented in 6 districts (Madras city, South Arcot, Dharmapuri, Salem, Thanjavur and V.O. Chindambaranar) of Tamil Nadu covering a population of 168.60 lakh under the World Bank assisted project. Another 12 SCC districts are proposed to be suitably strengthened by providing training and binocular microscopes for adopting revised strategy at later stage.

(c) During the current financial year, Rs. 452 lakhs has been allocated to Tamil Nadu.

Non-availability of Essential Drugs in Central Government Hospitals

*132. SHRI SANJAY DALMIA:
SHRI SOLIPETA RAMACHANDRA REDDY:

Will the PRIME MINISTER be pleased to state:

(a) whether the Central Government hospitals in Delhi have drawn up an 'essentials' list of medicines, hospital-wise; I

(b) if so, the details thereof;

(c) whether almost half of the drugs mentioned in the essentials lists are not available, whereas as per the rules all those medicines should always be available in the hospitals; and

(d) if so, the reasons for the medicines included in the essentials list not being available in hospitals and the action Government propose to take in the mastter?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) Directorate General of Health Services has drawn up a list of essential medicines for adoption in the country. The list modelled on the WHO Essential Drug list, was introduced in the year 19%. The drugs included in the list are generic, safe and effective and are approved by Drug Controller (India) and are currently available at affordable prices to the general public. The Central Government hospitals maintain list of essential drugs for their use.

(c) and (d) It is ensured that the drugs which are regularly required, are avail-